

## NORTH CAROLINA WATERWORKS OPERATORS ASSOCIATION

## **Spring School Registration Form**

## **RECEIVED ON OR BEFORE MARCH 5, 2020**

Please Prin	t or Type										
NAME (First	, Middle, Last): _										
NICK NAME for TAG:						SOCIAL SECURITY #: XX-XXX					
EMPLOYER	. / ORGANIZATIO	N:									
ADDRESS F	FOR CONFIRMA	ΓΙΟΝ & MAP:									
CITY:			STATE		ZIP	ZIP		COUNTY:			
WORK PHONE:			EXT:			FAX:					
ATTENDEE' (Be sure to inci	S EMAIL:lude if you would like	access to NCWOA	Moodle On-	line supplement	t. Moodle log i	in and	istructions v	vill be sent to this (	email addre.	ss.)	
ATTENDEE'	S INDIVIDUAL N	CWOA MEMBE	R#(must	be included	to be eligibi	le for	member i	rate):		_	
NC WATER TR	EATMENT CERTIFIC	CATE TYPE PRESEN	ITLY HELD:								
<b>□</b> AW	<b>□</b> BW	□ cw	<b>□</b> DW	☐ AS	☐ BS		cs				
☐ AD	□ BD	☐ CD	□ DD	☐ CC/BF	□ NON	E YE	Γ				
NC WATER T	REATMENT CERT	IFICATE # (OPER	ATOR ID #	<b>#</b> ):							
WASTEWATE	er certification	N #									
PLEASE C	HECK WHICH	CLASS YOU	ARE REC	GISTERING	FOR AND	O <u>CIF</u>	RCLE RA	ATE:			
9	CLASS TITLE			NCWOA MEMBER RATE			NON-MEMBER RATE				
	A-Surface (M-	F)	Ç	275.00			\$ 3	330.00			
	B-Surface (M-	•		275.00			•	330.00			
	C-Surface (M-	F)		\$ 275.00			-	330.00			
	B-Well (M-F)			275.00			-	330.00			
	C-Well (M-F)	. () () () () ()		275.00				330.00			
	Advanced Day			120.00	10			165.00	.,		
	I you be attending not required as p		-				-	ch 16th?	Yes _	No	
By Credit Card	<b>l:</b> Visa M	CAm Ex	Discover		PL	EASE	E SEND A	PPLICATION	AND PAY	MENT TO:	
Name on Credit Card:						Heather Cagle, NCWOA Administrator PO Box 5466, High Point, NC 27262 Phone: 252-764-2094 ext 1 Fax: 252-764-2095 Email: heather@ncwoa.com Please note NEW ADDRESS					
Credit Card Number:					F						
Exp Date: Month Year Security Code from back of card:											
Cardholder Sig	gnature:										
	is other than att										
	at you receive the	-	-				-				
NCWOA USE:	Amount		CK#		E	S	Processe	d			